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CONFIRMATION NO. 7611

<b>SERIAL NUMBER</b> 10/764,050	<b>FILING OR 371(c) DATE</b> 01/23/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> ENDOV-67115
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 10/025,168 12/18/2001 PAT 6,682,557 which is a CON of 09/263,047 03/05/1999 PAT 6,355,061  
 which is a CON of 09/097,538 06/15/1998 PAT 6,322,587  
 which is a DIV of 08/698,788 08/16/1996 ABN  
 which is a DIV of 08/241,476 05/12/1994 PAT 5,628,783

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None JB*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 04/29/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>James G. B. JB</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 1
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**ADDRESS**  
24201

**TITLE**  
Bifurcated multicapsule intraluminal grafting system and method

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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